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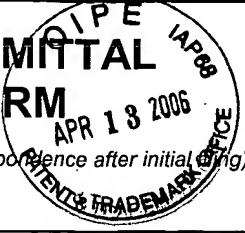
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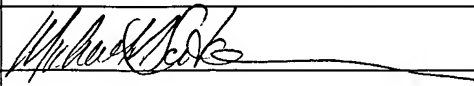
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TRANSMITTAL FORM (to be used for all correspondence after initial filing) 	Application Number	10/074,048	
	Filing Date	February 14, 2002	
	First Named Inventor	Kei KATO	
	Group Art Unit	2664	
	Examiner Name	Brenda H. PHAM	
Total Number of Pages in This Submission		Attorney Docket Number	32178-178051

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none">• Replacement Sheets for Figs. 1-17 (15 Sheets)• Annotated Sheets Showing Changes for Figs. 1-17 (15 Sheets)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name		26694 PATENT TRADEMARK OFFICE
Signature		Michael A. Sartori, Ph.D. – Reg. No. 41,289
Date	April 13, 2006	

CERTIFICATE OF MAILING			
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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <p style="margin: 5px 0;">Patent fees are subject to annual revision.</p> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block; text-align: center;"> <p>APR 13 2006</p> <p>RECEIVED TRADEMARK OFFICE</p> </div>		<p>Complete if Known</p>	
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TOTAL AMOUNT OF PAYMENT (\$)			

<p>METHOD OF PAYMENT (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <div style="margin-top: 10px;"> <p>Deposit Account Number: 22-0261</p> <p>Deposit Account Name: Venable LLP</p> </div> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>					<p>FEE CALCULATION (continued)</p>																																																																																																																																																																																																																												
<p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other Deposit Account</p>					<p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Lrg Ent Fee (\$)</th> <th>Fee Code</th> <th>Sm Ent Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1111</td><td>500</td><td>2111</td><td>250</td><td>Utility Search Fee</td><td></td></tr> <tr><td>1112</td><td>100</td><td>2112</td><td>50</td><td>Design Search Fee</td><td></td></tr> <tr><td>1113</td><td>300</td><td>2113</td><td>150</td><td>Plant Search Fee</td><td></td></tr> <tr><td>1114</td><td>500</td><td>2114</td><td>250</td><td>Reissue Search Fee</td><td></td></tr> <tr><td>1311</td><td>200</td><td>2311</td><td>100</td><td>Utility Examination Fee</td><td></td></tr> <tr><td>1312</td><td>130</td><td>2312</td><td>65</td><td>Design Examination Fee</td><td></td></tr> <tr><td>1313</td><td>160</td><td>2313</td><td>80</td><td>Plant Examination Fee</td><td></td></tr> <tr><td>1314</td><td>600</td><td>2314</td><td>300</td><td>Reissue Examination Fee</td><td></td></tr> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - 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1203	360	2204	180	Multiple dependent claim, if not paid																																																																																																																																																																																																																													
1204	200	2204	100	** Reissue independent claims in excess of three																																																																																																																																																																																																																													
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																													
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<p>**or number previously paid, if greater; For Reissues, see above</p>					<p>SUBTOTAL (3) (\$0)</p>																																																																																																																																																																																																																												

SUBMITTED BY Complete (if applicable)		Reg No. Attorney/Agent 41,289		Telephone 202-344-4000	
Name (Print/Type) Michael A. Sartori, Ph.D.					
Signature		Date: April 13, 2006			

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